UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

NS

Everett Keith Thomas ET. AL
Angel Gonzalez
Hector Cruz

Kenneth Grippo

(In the space above enter the full name(s) of the plaintiff(s).)

14 6036

- against -

City Of Philadelphia
Curran Fromhold Correctional Facility
House of Corrections
Philadelphia Prison System

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☑ No
(check one)

I. **Parties in this complaint:**

A. **List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.**

Plaintiff Name Everett Keith Thomas
ID # 681220
Current Institution House Of Corrections
Address 8001 State Road, Philadelphia, PA 19136

>Angel Gonzalez
#803098
8001 State Rd
HoC
Phila, PA 19136

> Kenneth Grippo
#879805
8001 State Rd
HoC
Phila, Pa 19136

>Hector Cruz
#942604
8001 State Rd
HoC
Phila. PA 19136

Rev. 10/2009

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name City of Philadelphia Shield # N/A
Where Currently Employed 8001 State Rd
Address House of Correction
8001 State Rd, Phila, PA 19136

Defendant No. 2
Name City Of Philadelphia Shield #
Where Currently Employed 7901 State Rd
Address Curran Fromhold Correctional Facility
7901 State Rd, Phila, Pa 19136

Defendant No. 3
Name N/A Shield # N/A
Where Currently Employed N/A
Address N/A

Defendant No. 4
Name N/A Shield # N/A
Where Currently Employed N/A
Address N/A

Defendant No. 5
Name N/A Shield # N/A
Where Currently Employed N/A
Address N/A

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Curran Fromhold Correctional Facility & House of Corrections

B. Where in the institution did the events giving rise to your claim(s) occur? Pod B1-3 Cell #9 CFCF & Housing Unit E2 Cell 840 HOC

C. What date and approximate time did the events giving rise to your claim(s) occur? 10/4/14 CFCF & 10/7/14 HoC

What happened to you? Who did what?

Facts: on or About 10/5/14 I was placed in a blue boat @ CFCF Pod B1-3 Cell #9 where I was urinated on and bitten in the face by an insect due to roach infestation and poor housekeeping procedures @ CFCF. I awakened to find mouse feces on my face and blanket in the blue boat @ CFCF. I have mice, roaches, & squirrels in my Cell @ night, and roaches in my food @ HOC. city of Philadelphia Prison system is overcrowded and inmates are forced to sleep in blue boats in triple Cells and utility closets Call multi-purpose rooms.

Was anyone else involved?

yes Angel Gonzalez #803098
Hector Cruz #942604
Kenneth Grippo #879805

Who else saw what happened?

88 other inmates on Housing Unit E2, C/o Swell, C/o Grillo C/o Samuel, C/o E. Thomas see the mice and roaches but they witness triple Celling everyday they Come to Work.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I have a very large lump on my right hip, back pains since sleeping in a blue boat I am 51 years old and sleeping in a blue boat @ CFCF something bit me in my face and the doctor Never looked at it they Just gave me triple Antibiotic Cream & Hydrocortisone. Now I suffer from swollen Ankles because I am short & I have to Jump up in and out of bed in the triple Cell @ the HOC.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that " [n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ✓ No ____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Curran Fromhold Correctional Facility

House of Corrections

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ✓ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ✓ No ____ Do Not Know ____

If YES, which claim(s)? Triple Celling - Sleeping in Blue Boat

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ✓ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1@ CFCF & 3 @ HoC

1. Which claim(s) in this complaint did you grieve? Triple Celling Mice roaches Squirrels being bit in my face by an insect

2. What was the result, if any? None, No Answer to grievances

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Never recieved an answer @ any level can't appeal a grievance that is not answered So I have exhausted Administrative Remedies

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: filed grievances @ CFCF on 10/5/14 & filed grievances @ HOC on 10/8/14 10/10/14 & 10/13/14

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: C/o Scott @ CFCF, C/o SNell, C/o James, C/o Samuel, C/o Thomas, C/o Jon C/o Samuel went to a Sgt but nothing happend

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Filed 4 grievances with No response @ any level tried to Contact Cpt Miranda, Deputy Warden of Administration with no results, talked to Several C/o's

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies. Copies of 4 grievances that were Never Answered

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I requested to be placed in a 2 mancell & I Seek Compensation in the amount of $35,000.00 for pain & Suffering Cruel & Unusual Punishment, Mental Anguish I've been Urinated on While Sleeping in a blue boat by Mr. Eliezr Collazo #1060842. I have Awaken w/mouse feces on my face & Blanket, I have been bitten in my face by some Kind of insect while Sleeping in the blue boat, House of Corrections Sleeping in a triple Cell w/lead paint Black Mold Mice roaches and Squirrels in the Cell @ night Broken Windows that do Not Shut No Sprinklers on housing unit No Sprinklers throughout the Building, Exposed piping Sewage backs up from the Shower Drains ect. NON Working Phone Numbers failure to fix Phone Numbers, Refusal to add a 5th phone Number Denying me access to my 81 yr Old mother & Legal Counsel.

VI. **Previous lawsuits:**

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ✓ No ____

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Everett Keith Thomas

Defendants City of Philadelphia

2. Court (if federal court, name the district; if state court, name the county) Eastern

3. Docket or Index number ?

4. Name of Judge assigned to your case Forgot

5. Approximate date of filing lawsuit April 2008

6. Is the case still pending? Yes ____ No ✓

If NO, give the approximate date of disposition July 2010

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Settlement, Judgement in my favor.

C. Have you filed other lawsuits in state or federal court?

On other claims

Yes ✓ No ____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Everett Keith Thomas

Defendants C/o McCormack ET. AL

2. Court (if federal court, name the district; if state court, name the county) Easter

3. Docket or Index number ?

4. Name of Judge assigned to your case O'Neill

5. Approximate date of filing lawsuit November 2011

6. Is the case still pending? Yes ____ No ✓

If NO, give the approximate date of disposition August 2014

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Case Appealed, Judgement in my favor Settlement

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20th day of October, 20 14.

Signature of Plaintiff Everett K. Thomas

Inmate Number 681220

Institution Address House of Correction
8001 State Rd
Phila, Pa 19136

Rev. 10/2009

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 20th day of October, 2014, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Everett Keith Thomas #681220

Angel Gonzalez #803098
HOC
8001 State Rd
Phila, Pa 19136

Hector Cruz #942604
HOC
8001 State Road
Phila, Pa 19136

Kenneth Grippe #879805
HOC
8001 State Rd
Phila, Pa 19136

Rev. 10/2009

10/20/14

PHILADELPHIA PRISON SYSTEM

Curran-Fromhold Correctional Facility
7901 State Road
Phila., PA 19136

Detention Center
8201 State Road
Phila., PA 19136

Alternative & Special Detention
8101 State Road
Phila., PA 19136

House of Correction
8001 State Road
Phila., PA 19136

Philadelphia Industrial Correctional Center
8301 State Road
Phila., PA 19136

RECEIVED
OCT 22 2014

NAME ______
ADDRESS ______
CITY ______ STATE ______ ZIP CODE ______

ADDRESS YOUR REPLY TO:
NAME ______
NUMBER ______
P.O. BOX ______
PHILADELPHIA, PA 19136

Dear Mr. Kunz, my name is Everett Keith Thomas #PP 681220, and I am Currently housed at the House of Correction. I have submitted a request to staff requesting the Certified Inmate Account Statement to proceed with my Civil rights Complaint Against the City of Philadelphia Prison System. They have failed to send me the Certified Inmate Account Statement so I am requesting that the Court order the House of Correction to send me: Keith Thomas #681220 E2 Cell #840 the Certified inmate account statement. Thank You for your attention in this matter herein.

Sincerely
Keith Thomas

VISITING INFORMATION

Two (2) visitors are permitted on each authorized visiting day.
Visiting Hours: 9:00 A.M. to 7:30 P.M.
Visits for persons whose last name begins with: A, B & C will be on Monday.
Visits for persons whose last name begins with: D, E, F, G & H will be on Tuesday.
Visits for persons whose last name begins with: I, J, K, L & M will be on Wednesday
Visits for persons whose last name begins with: N, O, P, Q, R & S will be on Thursday.
Visits for persons whose last name begins with: T, U, V, W, X, Y & Z will be on Friday.

Outgoing mail will not be censored. The writer is privileged to seal his outgoing mail except any enclosures must be approved.
Incoming mail must be inspected to prevent contraband, money, etc. from being delivered directly. The contents of letters will not be read.
Please do not send cash or personal checks. If you wish to send money, send it via Postal Money Order or Certified Check.
Foodstuffs, medication, tobacco items, padded greeting cards, photographs with backing and packages cannot be delivered to the addressee.
Books and magazines must be ordered directly from the publisher, by the inmate, through the institution commissary.

86-114 (Rev. 3-96)

10/20/14

PHILADELPHIA PRISON SYSTEM

Curran-Fromhold Correctional Facility 7901 State Road Phila., PA 19136	Detention Center 8201 State Road Phila., PA 19136	Alternative & Special Detention 8101 State Road Phila., PA 19136	House of Correction 8001 State Road Phila., PA 19136	Philadelphia Industrial Correctional Center 8301 State Road Phila., PA 19136

RECEIVED

OCT 22 2014

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP CODE ____

ADDRESS YOUR REPLY TO:

NAME ____

NUMBER ____

P.O. BOX ____

PHILADELPHIA, PA 19136

Mr. Kunz, my name is Everett Keith Thomas PP#681220. I am Currently housed at the House of Correction under the name of Keith Thomas and I am writing to you in reference of a Court order Compelling the House of Correction to give me a Certified Inmate Account Statement so I Can forward it or the Courts Can have the Certified Inmate Account Statement forwarded to Micheal C. Kunz, Clerk of Courts at 601 Market Street, Phila, Pa 19106

Thank for your attention herein

Keith Thomas
681220, E2-Cell 840
House of Correction
8001 State Road
Philadelphia, PA 19136

Sincerely
Keith Thomas
#681220

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86-114 (Rev. 3-96)

PHILADELPHIA PRISON SYSTEM

Curran-Fromhold Correctional Facility
7901 State Road
Phila., PA 19136

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Phila., PA 19136

House of Correction
8001 State Road
Phila., PA 19136

Philadelphia Industrial Correctional Center
8301 State Road
Phila., PA 19136

ADDRESS YOUR REPLY TO:

NAME

NUMBER

P.O. BOX

PHILADELPHIA, PA 19136

NAME

ADDRESS

CITY STATE ZIP CODE

Please forward 6 Copies of the 42 USC 1983 Civil Rights Complaint form and Jail house Lawyer's Handbook

Thank You!

Please forward the Application to proceed in forma Pauperis to the House of Correction to recieve the Certified Inmate Account Statement or Court order them to forward a Certified Inmate Account Statement to the Clerk of Courts Micheal E. Kunz This institution will not send it to me: Keith Thomas 681220

VISITING INFORMATION

Two (2) visitors are permitted on each authorized visiting day.
Visiting Hours: 9:00 A.M. to 7:30 P.M.
Visits for persons whose last name begins with: A, B & C will be on Monday.
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PHILADELPHIA PRISON SYSTEM

Curran-Fromhold Correctional Facility	Detention Center	Alternative & Special Detention	House of Correction	Philadelphia Industrial Correctional Center
7901 State Road Phila., PA 19136	8201 State Road Phila., PA 19136	8101 State Road Phila., PA 19136	8001 State Road Phila., PA 19136	8301 State Road Phila., PA 19136

ADDRESS YOUR REPLY TO:

NAME ______________________

NUMBER ______________________

P.O. BOX ______________________

PHILADELPHIA, PA 19136

NAME ______________________

ADDRESS ______________________

CITY ____________ STATE ______ ZIP CODE ________

VISITING INFORMATION

Two (2) visitors are permitted on each authorized visiting day.
Visiting Hours: 9:00 A.M. to 7:30 P.M.
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Visits for persons whose last name begins with: D, E, F, G & H will be on Tuesday.
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Incoming mail must be inspected to prevent contraband, money, etc. from being delivered directly. The contents of letters will not be read. Please do not send cash or personal checks. If you wish to send money, send it via Postal Money Order or Certified Check.
Foodstuffs, medication, tobacco items, padded greeting cards, photographs with backing and packages cannot be delivered to the addressee.
Books and magazines must be ordered directly from the publisher, by the inmate, through the institution commissary.

86-114 (Rev. 3-96)

(1) Triple Celling

Exhausted Administrative Remedies Grievances Not Answered

ASD ☐
CFCF ☐
DC ☐
HOC ☑
PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☐

Name Keith Thomas Housing Unit E2-840

Intake Number ______ Police Photo Number 681220

Description of Grievance, Incident or Problem
(include date and time of incident)

ON or about 10/7/14 I was placed on Block E2 cell 840. The Condition of the Cell is in Poor Condition and I am in a 3man cell by law is unconsitutional. I was previously at the Curran Fromhold Correctional Facility where I was on B1-3 Cell 9 in a blue boat and that too was a 3 cell and unconstitutional and I have been bitten in my face by an insect within Block E2 Cell 840. As you may know that the Triple Celling is unconstitutional and Violates my Civil Rights. The open toilet Mice and insects Create a health issue There is No Fire Suppression System in my cell OR the housing unit which puts my life in harms way. I request to be moved to a 2man cell and be sent to medical for the insect bite to my face

Action Requested by Inmate:

To be moved to a 2 man cell and to be seen by medical for the insect bites to my face

See: Continuation of Grievance - Page 2 Yes ☑ No ☐

Describe how and when you tried to resolve this Grievance informally.

Talked to Sgt to find a 2man cell on 2/7/14

Date that you are depositing this Grievance in a grievance box:

10/8/14

(Signature of Grievant) Keith Thomas (Date) 10-8-14

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

86-570

Triple Celling

ASD ☐
CFCF ☐
DC ☐
HOC ☒
PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☐

Name Keith Thomas Housing Unit E2-840

Intake Number ______ Police Photo Number 681220

Description of Grievance, Incident or Problem (include date and time of incident)

the level of mice on E2 the housing unit needs an Exterminator because the mice carry fleas and infectious diseases. I have watched mice in and out of my cell on a constant basis at night. I understand that this is the 2nd oldest Prison in Philadelphia and a crumbling relic of the Philadelphia penal system. the food is substandard. While you are feeding me food not fit for human consumption Staff eats the food that the inmates are to recieve. I've seen threats of Violence used against the inmates from intake to the visiting room. I have seen deliberate Indifference used on a constant basis. the verbal Abuse from you guards and I have been up state and their code of ethics is very different.

Action Requested by Inmate:

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

(Signature of Grievant) (Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

86-570

(2)

Non Working Phone

Philadelphia Prison System

Inmate Grievance Form

Grievance Not Answered

ASD ☐
CFCF ☐
DC ☐
HOC ☑
PICC ☐

Check box only if grievance is regarding Medical Services ☐

Name Keith Thomas Housing Unit E2 Cell 840

Intake Number 1421293 Police Photo Number 681220

Description of Grievance, Incident or Problem
(include date and time of incident)

I am entering this grievance because I have put my 81 year old Mother's phone Number on my phone list and as of today my mother's number still is not working. I have had Ms Snell sign a phone slip C/o Jon and C/o Thomas And C/o Samuel with no results. My mother is in poor health and I have not been in touch with her since I left CFCF. I have been her at the Hoc since 10/7/14. I am asking for my phone list to work properly w/all of my Numbers working. If I still do not recieve working Numbers I will be forced to enter a 42 usc 1983 Civil Rights Compl aint in Federal Court. The City Silicitor and Assistant Deputy Attorney Randall J. Henzes is Tired of hearing my Name in Federal Court!

Action Requested by Inmate:

I Request that all of my Numbers Work on My phone list

See: Continuation of Grievance - Page 2 Yes ☐ No ☑

Describe how and when you tried to resolve this Grievance informally.

Went to C/o Snell, C/o Grillo, C/o Samuel, C/o E. Thomas And C/o Jon

Date that you are depositing this Grievance in a grievance box:

Everett Keith Thomas 10/10/14

(Signature of Grievant) (Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

86-570

(3) NON Working Phone Again

Philadelphia Prison System

Inmate Grievance Form

Grievance Not Answered

ASD ☐
CFCF ☐
DC ☐
HOC ☑
PICC ☐

Check box only if grievance is regarding Medical Services ☐

Name Keith Thomas Housing Unit E2 840

Intake Number ______ Police Photo Number 681220

Description of Grievance, Incident or Problem
(include date and time of incident)

I am entering another grievance because my phone is not working properly and I Can not Contact my 81 yr old mother Whom I was taking Care of. This is the 2nd grievance it's been 5 days I've Submitted 3 phone Slips and nothing regarding my mother's number has been done. I am trying to resolve this through Administrative Remedies but I am prepared to take this a Step high if I Can not resolve this with you! I See that neither one of my grievances have been Answered nor have I been Called to B2 then nothing is going to be done and I have prepared my lawyer to Start Civil litigation against the City of Philadelphia. This is Deliberate Indifference. And denies me access to my family members

Action Requested by Inmate:

I request that the Number 215-375-5480 My Mother's Number be enabled on my Phone List immediately

See: Continuation of Grievance - Page 2 Yes ☐ No ☑

Describe how and when you tried to resolve this Grievance informally.

talked to C/Os Snell, Samuel, Jon E. Thomas, Sgt in dining room and a Sgt on the Housing unit. C/O Grillo

Date that you are depositing this Grievance in a grievance box:

Keith Thomas

(Signature of Grievant) (Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

86-570

only Have 4 Numbers Allowed 5

PHILADELPHIA PRISONS

E2

840

Philadelphia Prisons
Inmate Telephone Add/Delete List

Telephone numbers can be changed **AFTER 90 DAYS ONLY.**
If you **delete (1)** For Example: **000-0000,** and **Add 111-1111**.
You are only allowed five (5) Numbers:

Inmate Name: Keith Thomas **PP#:** 681220

Block: E2 **Cell:** 840 **Date:** 10/9/14

Institution: House of Correction

Add:	**Delete:**
1. 215-375-5480	1.
2.	2.
3.	3.
4.	4.
5.	5.

No change til 1-6-15

Keith Thomas
Inmate Signature:

10/9/14
Date:

Clo A. John
Housing Correctional Officer

Supervisor Verification

E-1 Block

Non Work Phone #

Grievance Not Answered

ASD ☐
CFCF ☐
DC ☐
HOC ☑
PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☐

Name Keith Thomas   Housing Unit E2 Cell #840

Intake Number 1481393   Police Photo Number 681380

Description of Grievance, Incident or Problem
(include date and time of incident)

On 10/9/14 I put in a phone slip to have my mother's phone Number on my phone list. First and foremost I do Not have 5 Numbers on my list! And I am adding a Number Not Changing a Number. I have Not talked to my family since I have been Arrested and you send me my phone slip back saying No Changes Until 1-6-15, So you are telling me I am being denied access to my 81 year old mother. I will forward a Copy of my initial Selection of my Inmate telephone Numbers to my attorney, Deputy Warden of Administration, Warden of this institution and the Commissioner of the prison System showing I have only (4) Numbers on my phone list while I file a 42 USC 1983 Civil Rights Complaint against the institution for denying me access to family members & legal Counsel by Way of telephone.

Action Requested by Inmate:

I request the Number be added to my list and working properly!

See: Continuation of Grievance - Page 2 Yes ☐ No ☑

Describe how and when you tried to resolve this Grievance informally.

Sent Numerous phone slips, talked to C/os on 10/10/14 entered Grievance No response on 10/[illegible]/14 Grievance No response!

Date that you are depositing this Grievance in a grievance box:

Keith Thomas   10/18/14

(Signature of Grievant)   (Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

86-570

INITIAL SELECTION OF INMATE TELEPHONE NUMBERS

Last Name: ______ First Name: X ______ Date: 10/4/14

P.I.D. 681220 P.I.N. 293 RCVG ______

ADMISSION DATE ______ TIME: ______

AREA CODE (No 700, 800, or 900 numbers)		PHONE NUMBER ← still Not working
1. 215	4 #s	375-5480
2. 215		254-0840
3. 215		254-0631
4. 267		438-8502
5.		

I am Allowed 5 Numbers

NO PHONE NUMBER CHANGES FOR 90 DAYS

INMATE SIGNATURE Keith Thomas

86-562 1 - Phone Activator File 2 - Intake Officer File 3 - Inmate Copy

Everett Keith Thomas ET.AL

Vs

City of Philadelphia

Class Action

Philadaelphia Prison System

Triple Celling Sleeping in Blue·Boat@CFCF, Cell mates were the following inmates: Eliezr Collazo PP#1060842, Frederick Young PP#1138621 POD B1-3 Cell#9.

Triple celing@the House of Corrections with mice,roaches and squirrels in the cell day and at night time.

Cellmates were the following inmates: Angel Gonzalez PP#803098, Hector CruzPP#942604 Housing on Unit E-2 Cell 840.

Declarations of the following inmates: can be sent upon request.

Angel GonzalezPP#803098-ENCLOSED

Eliezr CollazoPP#1060842-

Hector CruzPP#942604-ENCLOSED

Plantiffs: Everett Keith ThomasPP#681220

Angel GonzalezPP#803098

Hector CruzPP#942604

Kenneth Grippo PP#879805

Asking for pain, suffering, and mental anguish in the sum of $35,000,00

Declaration
Angel Gonzalez
E2, Cell 840

I, Angel Gonzalez, PP# 803098, hereby declare that the facts of this statement is true and correct.

I am an inmate at the House of Corrections in Cell 840, and I am stating that there are three men to a cell with two bunk beds, lead paint in the housing unit, roaches, squirrels, and mice in our cell at night. Some cells have black mold in them and some the windows are brokens and do not close.

There are major issues with the food, constant lock downs denying inmates access to the telephone to call legal counsel or family.

x Angel Gonzalez
Signature

Angel Gonzalez
Print

10-16-14
Date

Declaration
Hector Cruz
E2, Cell 840

I, Hector CRUZ, PP#942604, hereby declare that the facts of this Statement is true and Correct.

I am an inmate at the House of Corrections in Cell 840, and I am writing this to the Courts to let the Courts know that there are 3 men to a cell With 2 Bunk Beds.

We live with roaches, mice and Squirrels in our Cell at night. The Block Stays locked down all day, We can not Call our lawyers on a timely basis.

Some Cells has lead paint black mold and broken Windows

Signature

Hector CRUZ
Print

10/10/14
Date

42 USC 1983 Civil Rights Complaint Cell Diagrams Requesting $35,000.00

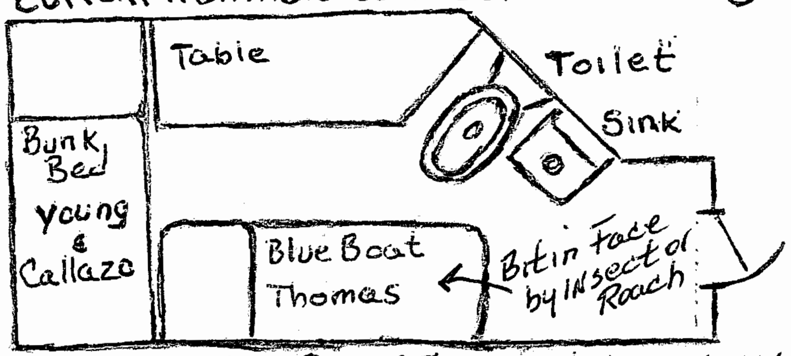
Everett Keith Thomas
681220

Infested w/ mice & Roaches

Bitin the face by an insect or Roach

CFCF

Curran Fromhold Correctional Facility



B1-3-Cell#9 CFCF 10/4/14 till 10/7/14

C/o's would not supply a grievance

Cell Mates: Triple Cell

Frederick Young #1138621

Eliezr Collazo #1060842

10/5/14

Was told by C/o Scott about the over-crowding of CFCF.

- Was placed in a blue boat on 10/5/14 w/ No Cleaning Supplies. The Cell smelled of urine. I slept less than 36" from an open toilet.
- No grievances available to inmates to grieve the living situation.
- Was bitten in the face, right cheek by an insect in the Cell. Put Sick Call in at CFCF and was not seen.
- Rodents and insect Crawled all over me at CFCF in the blue boat. Woke up with mouse feces on my face and blanket
- urinated on by Inmate w/ HIV

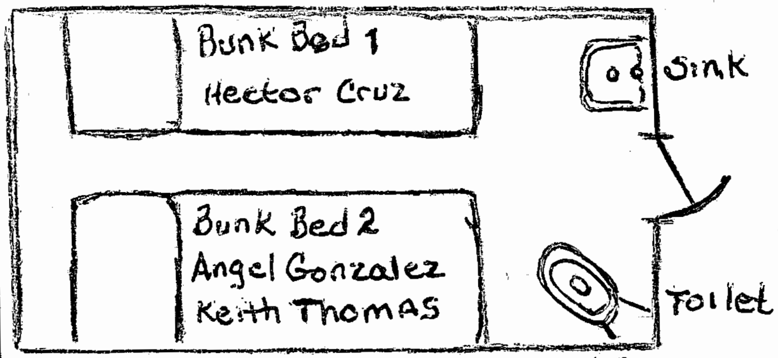
Everett Keith Thomas
681220

Infested w/ mice Roaches & Squirrels

Found in my food Roach

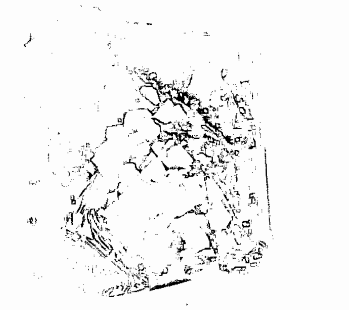
HOC

House of Correction



E2-Cell#840 HOC 10/7/14 till Present

Lead Base Paint Sample



Filed grievance on 10/8/14

Cell Mates: Triple Cell

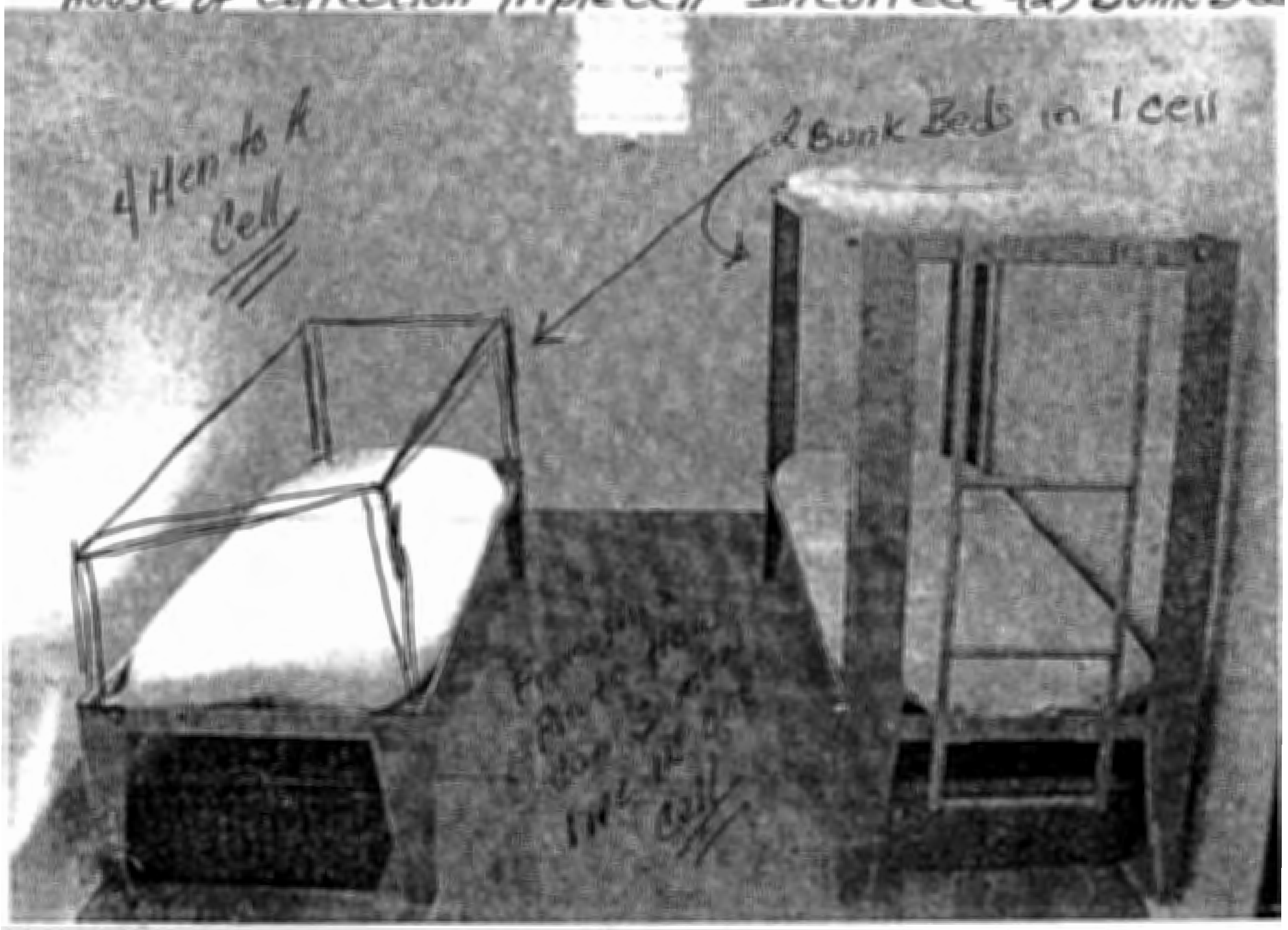
Angel Gonzalez #803098

Hector Cruz #942604

- On 10/11/14 C/o Snell & her partner chased rodent from the Hall way of Housing Unit E2. She Stated these Squirrels have Rabies

- From 10/7/14 till present at House of Correction.
- Placed on E2 Cell 840 I still sleep less than 3' from an open toilet.
- Black Mold and Lead Base Paint in the Cell
- No Fire Sprinklers in Cell or Housing Unit
- Exposed Piping on housing unit to make Inmate Home made knives.
- 2 Bunk Beds in a 8'x12' Cell designed for 2 People.
- Rodents on the Cell Block and cells (Mice & Squirrels that carry fleas and ticks)
- Open to infectious diseases ect. HIV, T.B and AIDS. Homosexuals on Housing unit
- Submitted Sick Call on 10/7/14 and have not been seen for Sick Call for an Insect bite to the face.
- Seen Sick Call on 10/9/14
- NoN Working Phone Numbers Grieved

House of Correction Triple Cell - Incorrect -(2) Bunk Beds



The House of Corrections Displays their triple Cells but this photo is incorrect the Cells have 2 Bunk Beds in Each Cell on Housing Unit E2. The Cells are in poor Condition, Windows are broken, Windows Will not Close, Black Mold in the Cells, Squirrels Mice & roaches infest the Housing unit. I have Submitted (3) grievances with No response so I have exhausted Administrative Remedies. From the time I entered CFCF Until I arrived @ House of Corrections I have been in a Triple Cell and have slepted in a Blue Boat. Bitten in the face By an insect @ CFCF & Woke Up w/ mouse feces on my Blanket & face in a blue boat. My Cell mate Urinated on me because the blue boat was too Close to the toilet.

House of Correction Facts

- 10/9/14 found roaches in my food & entering Lead paint samples found throughout the housing unit. Entered IN AS Evidence

- 10/11/14 housing unit Constantly locked down and has enough guards to open the housing unit.

- Since 10/7/14 I have not been able to Contact my mother Who is 81 years old. I have grieved this Situation as well as Triple Celling with no response to the grievances so I have exhausted Admini Strative Remedies

- 10/11/14 C/O Snell and C/O Tillery were Chasing Squirrels off of the housing unit because there are Cells w/windows that do not Close and maintenance will not fix them.

Police Assault Excessive Force. "Exclude" Thomas Vs. City of Phila Police

- 10/11/14 I Submitted a Sick Call for dental for my 2 front teeth that are Severely louse & Chipped and now I am in extreme pain, My Police Photo Clearly Shows a black eye Severe Swelling of my forehead. This is a Clear Case of Assault w/Excessive Force. Now I am Suffering from Severe headaches & blurred Vision

- Constant Shake downs in the Hoc 10/13/14-10/14/14 which denys Inmates access to Calling our lawyers and families. Since 10/7/14 till present still have not had my phone fixed to Call my 81 yr old mother. Today is 10/14/14 Still no response for my grievances Submitted about the triple Celling and Phone Situation.

Keith Thomas
Philadelphia Prison System
Philadelphia, PA 19136
PPN 681220

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FIRST-CLASS FOREVER
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U.S.M.S.
X-RAY

Mr. Micheal E. Kunz
Clerk of Courts
United States District Court
Eastern District of Pennsylvania
Room 2609 US courthouse
601 Market Street
Philadelphia, PA 19106
Attn: Legal Mail
Confidential

Keith Thomas PP#681220, E2
House of Corrections
8001 State Road
Philadelphia, Pa 19106

PHILADELPHIA
PA 191
21 OCT '14
PM 4 L

U.S.M.S.
X-RAY

Mr. Micheal E. Kunz
Clerk of Courts
Rm 2609 US Courthouse
United States District Court
Eastern District of Pennsylvania
601 Market Street
Philadelphia, Pa 19106

Attn: 42 USC 1983 - Certif[illegible] -
Immediate Response Requested

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